State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2011 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest? NO
- 4. Does your committee have any unpaid bills? NO
- 5. Have you or anyone else given an in-kind contribution to your campaign? NO
- 6. Has your committee given or received a transfer of excess campaign funds? NO

Candidate or Committee Name Logan County Democ Executive Commit	ratic tee	Candidate or Committee's Treasurer Karen Richardson				
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) PO Box 735				
Office Sought (for candidates)	District/Division	City, State, Zip Code Daytime Phone # Stollings WV 25646 304-752-1166				
Primary - First Report Due March 26-April 1,2011	porting Period (che Pre-primary Report Due April 29-May 3, 2011 Pre-general Report Due Sept. 19-23, 2011	ck one): Post-primary Report Due May 27-June 28, 2011 Post-general Report Due Oct.17- Nov.15, 2011	Check if Applicable: Amended Report You must also check box of appropriate reporting period			
Non-Election Cycle Re- porting Period:		rt Due In Calendar Year urday in March or within 6 ter	Final Report Zero balance required. PAC must also file Form			

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	2132.58				
Total Contributions (from Page 2)		+ 0.00				
Subtotal (lines 1+2)	3.	= 2132.58				
Total Expenditures (from Page 2)	4.	_ 00.00				
Ending Balance (lines 3-4)		₌ 2132.58				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
(Add line 2 from all reports)
TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)

CONTRIBUTORS OF:

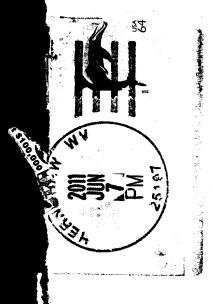
\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount			
				Full Name: Address:			
			_	Contributor's job: (Individual)			
				Where contributor works: (Individua			
				Affiliation: (Political committee)			
				Full Name: Address:			
				Contributor's job: (Individual)			
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				Address:			
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				Full Name:		4	
				Address:			
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			Affiliation: (Political committee)				
				Total Con	tributions:		
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be	een atached.						
	ITEMIZED EXPENDI	TURES (Ite	mize 3	rd pary expenditure	es/ reimburs	ements)	
Date	Full name, residence address (if per	son); business a	ddress (it	f firm)	Purpose		Amount
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MAKEA	AS MANY COPIES					-	
	S PAGE AS YOU NEED.			·	Total Expend	ditures:	
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and co	rrect, to the best of my knowled	dge of all fin	ancial	, swear or ammir transactions occurrir	nat the attac	nerind cav	ered by this
	ent, as required by West Virgin			transactions occurri	ig within the p	period cov	ered by tina
Statem	ent, as required by vvest virgin	na Code 35-	·0-Ја.				
- 4.							
	aren Fichard	_ سعدا		Signature	e of Candidat	e, Agent, c	or Treasurer
							,
Date <u>5. 33</u> , 20 <u>//</u> .					CASSE OF STATE		
	Office Use Only						
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Karen Richardson PO Box 735 Stollings, WV 25646



West Virginia Secretary of State, Building 1 Suite 157-K 1900 Kanawha Blvd East Charleston, WV 25305

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